POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*PM*	70385	
O.I.P.E. CLASSIFIER		43	2/24/00
FORMALITY REVIEW		10d9	4/27/00
RESPONSE FORMALITY REVIEW			9-13-0

INDEX OF CLAIMS

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✓  .................................. Rejected          N  .............................. Non-elected
=  .................................. Allowed           I   .............................. Interference
–  (Through numeral)... Canceled      A  .............................. Appeal
÷  .................................. Restricted        O  .............................. Objected
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Claim		Date						
Final	Original	2/7/63	9/7/63					
1	✓	✓					
2		✓					
3		0					
4		✓					
5							
6		0					
7		✓					
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15		✓					
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17		0					
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If more than 150 claims or 10 actions
staple additional sheet here

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